

# THE ROLE OF MISSION CASE MANAGERS AND PEER SUPPORT SPECIALISTS IN ASSISTING CLIENTS WITH BENEFITS AND ENTITLEMENTS

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# *The Role of MISSION Case Managers and Peer Support Specialists in Assisting Clients with Benefits and Entitlements*

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The MISSION materials mentioned within the document in addition to all versions of the MISSION treatment manual and their corresponding workbooks are available for download on the MISSION website at [www.missionmodel.org](http://www.missionmodel.org). You may also contact the MISSION team through the website or Dr. David Smelson directly (see contact information below) regarding any questions about the MISSION Model and/or the materials.

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# Module Overview

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An important need of all Maintaining Independence and Sobriety through Systems Integration, Outreach and Networking (MISSION) clients is to have benefits and entitlements firmly in place. MISSION clients may be eligible for a broad array of benefits and entitlements including disability compensation; medical insurance; vocational rehabilitation and employment; education; housing support; and pensions. Applying for these benefits and entitlements can be a confusing process for MISSION staff and clients alike. Readers are referred to Appendix B for a summary of links and contact information used within the module.

The goal of this module is to provide some important information and suggestions for case managers (CM) and peer support specialists (PSS), to help them guide and support clients throughout the application process. The module will also address strategies MISSION staff can use to enhance the utilization of benefits by clients after benefits have been obtained.

# Roles and Responsibilities of the MISSION Case Manager and Peer Support Specialist

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Upon the client's enrollment in MISSION, it is the CM's responsibility to gain a clear understanding of the client's needs. It is also essential for the CM to gather information regarding the benefits and entitlements that the client is currently enrolled in, and may or may not be utilizing. The CM gets these critical pieces of information by conducting a thorough risk/needs assessment and by asking specific questions about current benefit or entitlement enrollment and utilization, as well as by accessing this information via a database whenever possible. The information obtained will guide how the CM proceeds.

## The Case Manager's Roles and Responsibilities

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If the CM determines that the client may be eligible for benefits and/or entitlements that may be beneficial to the client that he/she is not currently receiving, the CM describes the benefit and/or entitlement programs to the client and talks with him/her about the advantages of applying for them. In order to ensure that the client does not begin to feel overwhelmed, it is crucial that the CM communicates to the client at the outset that MISSION staff will work with him or her in partnership throughout the application process. If the client is in agreement, the CM develops a follow-up plan which identifies the benefits and entitlements to be applied for; responsibilities of the client, CM, and PSS in the application process; referrals to program specialists or representatives; and time frames. Such factors as the client's: mental health, substance use, medical status; level of intellectual/cognitive functioning; literacy skills; language barriers; current living situation; and access to transportation and the internet, will determine the level of assistance the CM and PSS will provide. Clients who have fewer or only mild obstacles will require less MISSION team involvement, while those facing numerous or severe obstacles will require the most intensive MISSION team support.

The CM assists the client as needed with the application process until it is completed. This may involve helping to complete online or written applications, obtaining necessary documentation, and referring to program specialists or representatives. If benefits are secured, the CM remains cognizant that changes in the client's circumstances (e.g., new employment) can result in a decrease or discontinuation of benefits and discusses this with the client so he or she can make appropriate choices and plan accordingly. If medical and/or psychiatric reports indicate that the client cannot independently manage cash benefits, the CM can assist the client in obtaining a representative payee. The representative payee will receive the benefits for the client and make sure they are used in the client's best interests. In the case that benefits are denied, the CM should assist the client in an appeals process and/or connect him or her to legal services.

## The Peer Support Specialist's Roles and Responsibilities

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It is the role of the PSS to provide "lessons learned" from their own personal, past experiences applying for benefits and entitlements as well as emotional support. In addition, PSSs can offer practical assistance by helping the client obtain needed documentation and accompanying him or her to various agencies, such as the Social Security Administration (SSA) office, a regional Veterans' Affairs (VA) office, and/or to required medical disability examinations. The PSS can also introduce the

client to other MISSION clients who have successfully enrolled in a particular benefits program, or discuss issues related to applying and using benefits/entitlements in informal gatherings or meetings.

# Strategies for Working with the Reluctant Client

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## General Tips and Suggestions

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Some clients may be hesitant to apply for benefits, which can be due to several factors, such as the client having misconceptions, unrealistic fears, and/or a general mistrust of government run programs, as well as past negative experiences with specific programs. Below is a list of tips and suggestions for enhancing clients' trust and confidence in the benefits and entitlements decision-making process:

### *Tips and Suggestions for Enhancing Clients' Trust and Confidence in Decision-Making*

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- Create a private space for discussions about income and health.
- Ask other MISSION clients to describe what they have gained from their enrollment in benefit programs during informal group meetings.
- Avoid using confusing jargon when discussing benefit programs.
- Give clients written materials, such as brochures, that they can review at their leisure.
- Provide clients with enough information to aid in their decision-making, but not so much information as to overwhelm them.
- Explain that many benefit and entitlement programs have streamlined the application process, such as online applications and fewer paperwork requirements, making applying much easier.
- Be aware that it can take weeks or even months before some individuals are ready to engage in conversations leading up to successful enrollment in benefits. Be patient, and don't give up.

## Motivational Interviewing (MI)

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The Motivational Interviewing (MI) approach provides helpful tools and strategies which may be used to enhance clients' willingness and commitment to both apply for and to actually use, benefits and entitlements. MI is an evidenced-based practice designed to support client change, and is an effective approach for changing behavior related to substance use and promoting engagement with and adherence to treatment among persons with mental health and co-occurring substance use disorders (COD; The SAMHSA National GAINS Center, 2011<sup>1</sup>). There are two related essential components of MI - the first is the spirit or philosophy of MI, and the second is the specific principles and skills used during MI interventions.

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<sup>1</sup> The SAMHSA National GAINS Center. (2011, January). Motivational interviewing. Retrieved from [http://www.pacenterofexcellence.pitt.edu/documents/motivational\\_interviewing2011.pdf](http://www.pacenterofexcellence.pitt.edu/documents/motivational_interviewing2011.pdf)



## *Philosophy of Motivational Interviewing*

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The spirit of MI is one of collaboration between the clinician and client. The clinician creates an atmosphere of empathy, acceptance, and optimism; and supports the client's autonomy to make changes that are consistent with his or her own values, beliefs, and goals. MI clinicians use a form of guiding to evoke and strengthen the client's own motivation and commitment for change, and they refrain from being paternalistic, confrontational, coercive, or overly directive in their interactions with clients.

In MI, ambivalence about behavior change is viewed as a natural part to the change process. Therefore, clinicians remain attuned to the client's ambivalence and "readiness for change", and use specific skills to evoke and explore the client's own arguments for change. They assist the client in remaining focused on the behavior targeted for change or on related issues, and are watchful of opportunities to guide the patient to discussions of the targeted behavior.

## *Basic Motivational Interviewing Principles*

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There are four basic principles of MI that clinicians use to translate the spirit of MI into practice. These principles are:

1. **Expressing empathy** - this involves seeing the world through the client's eyes, thinking about things as the client thinks about them, feeling things as the client feels them, and conveying this understanding to the client.
2. **Developing discrepancy** - this involves helping clients to look at the discrepancies between their current behavior and their future goals, as discrepancies that are perceived by the client may enhance his or her motivation to change the targeted behavior.
3. **Rolling with resistance** - this involves not challenging the client's resistance, which often has the effect of bringing the client to a balanced or opposite position. This strategy can be particularly helpful with clients who seem to reject every idea or suggestion.
4. **Supporting self-efficacy** - this involves communicating to clients that they are responsible for choosing and carrying out the actions needed for change.

## *Motivational Interviewing Skills and Techniques*

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Clinicians who practice the MI method use a number of skills to guide their clients toward change. One type of MI skills is listed below, and can be easily recalled by using the acronym **OARS**.

### *OARS*

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**O**pen-ended questioning - ask questions that cannot be answered by the client with a "yes" or "no."

**A**ffirming the client's responses - make statements acknowledging the client's strengths, successes, and efforts to change.

**R**eflecting listening - listen carefully and reflect back to the client what he or she has said in your

own words.

**S**ummarizing - provide a summary of what the client has said to connect the client's comments (especially in terms of ambivalence), to expand the discussion further, to transition to another topic, or to end the session.

The goal of using OARS is to move the client forward by evoking statements that indicate he or she may be considering the possibility of change. More information on Motivational Interviewing can be found at: <http://www.motivationalinterviewing.org>.

# Benefit and Entitlement Programs Commonly Used by MISSION Clients

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This section will provide a summary of the most common benefits and entitlements programs used among MISSION clients. These summaries will include information about the benefit or entitlement, eligibility requirements, and how to apply. Where it is relevant, important considerations that are specific to individuals who are experiencing homelessness are included.

First, programs available to the general population will be reviewed, and then programs available only to Veterans will be highlighted. It is important for staff to be aware that changes to benefit and entitlement programs are likely to occur, and CMs are encouraged to visit the websites that are included in each of the summaries below on a regular basis.

# Benefit and Entitlement Programs Available to the General Population

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## Social Security Benefits

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Social Security benefits offer an important source of financial support for many MISSION clients. Supplementary Security Income (SSI) and Social Security Disability Insurance (SSDI) are benefits programs run by the Social Security Administration (SSA). SSI is for people with disabilities, with or without a prior work history, who have a low income and less than \$2,000 in assets. SSDI is for people with disabilities, who have been employed in the past, and had Federal Insurance Contributions Act (FICA) payroll deductions. Typically, a person must have worked 5 out of the past 10 years, with the amount of their SSDI benefit dependent upon past earnings. SSDI has no income or asset limits.

In order to be eligible for these programs an individual must have a physical and/or mental health problem that prevents him or her from working for at least one year. Both of these programs provide cash benefits and health insurance to individuals who have disabilities. Persons with SSI immediately become eligible for Medicaid, and those with SSDI get Medicare, after a 24-month waiting period.

Some individuals who are experiencing homelessness may have the misconception that they are not eligible for SSI or SSDI because they are without a home. Having a home is not a requirement for eligibility. What is necessary, however, is that SSA has a means to contact individuals by mail, and to pay them benefits either by direct deposit or a SSA-issued debit card. Therefore, it is essential for the CM and/or client to give SSA a reliable mailing address such as a P.O. Box or the address of a shelter, relative, friend, or other advocate, and to inform SSA of any address changes. Individuals who are residing in a public shelter can get SSI for 6 out of every 9 months of their stay; while those living in a private shelter have no time-based limitations on SSI. There are no limits on getting SSDI for individuals residing in either a public or private shelter. When an individual applying for SSI or SSDI is experiencing homelessness, it is critical that SSA be informed of this, as the case should be assigned to a disability examiner who has an expertise on issues facing people who are homeless.

Another misconception is that people who have a history of substance use cannot get SSI or SSDI. While substance use alone is not deemed a disability, an individual may qualify for benefits as a result of co-occurring medical or psychiatric problems that prevent him or her from working. Even if an individual's health problem resulted from substance use (e.g., cardiac disorders resulting from drug use, liver disease secondary to alcohol use) individuals can qualify for benefits if the medical problem would still be considered disabling if the person were to abstain from abusing the substance.

In order to apply for SSA disability benefits several pieces of documentation must be submitted with the application. These include:

- ✓ a list of the applicant's health problems
- ✓ the name and contact information of the applicant's doctors, therapists, and hospitals, and when they provided treatment

- ✓ proof of identity such as a driver's license; state ID card; birth, marriage, or divorce certificates; passport; military record; school or employer ID; or health insurance card
- ✓ proof of immigration status, if required

Applications for SSI/SSDI require detailed information that may not be readily available to homeless clients. It is essential that CMs assist their clients with these forms and help with any additional SSI/SSDI forms received by their clients. Applying for SSI/SSDI online is encouraged. CMs can access online applications at <https://secure.ssa.gov/iClaim/dib>. Applying for SSI/SSDI can also be completed in person at a local SSA office. If a person is unable to go to the SSA office, call SSA at 800-772-1213. SSA will mail out the forms. Be certain that these are completed, signed, and returned well within the 60 day deadline.

After an application is filed with SSA, the agency assigns a case number and sends it to the Disability Determination Service (DDS). DDS is a state agency that medically determines whether or not a person is disabled according to SSA's rules. If a medical/psychiatric examination is required because there is not enough medical evidence available, DDS will arrange for a medical/psychiatric examination with a doctor contracted by SSA. Free transportation can be arranged if requested ahead of time. MISSION staff should support clients in their efforts to attend all appointments made by DDS to prevent the disability application from being denied. If the application is denied, that decision must be appealed with SSA within 60 days.

CMs are encouraged to submit SSI/SSDI applications using the SSI/SSDI Outreach, Access, and Recovery (SOAR) model. SOAR is a national program designed to increase access to Social Security disability benefits for homeless adults. You can obtain more information about SOAR at their website: <http://soarworks.prainc.com/content/what-soar>. Most MISSION CMs have been trained using the SOAR online course (<http://soarworks.prainc.com/course/ssisdi-outreach-access-and-recovery-soar-online-training>) in order to complete SSI/SSDI applications using the SOAR model. SOAR is a faster and more efficient method for homeless clients, and CMs have reported that it enhances client motivation for the application process. We urge all MISSION CMs not yet trained in SOAR to obtain this important training.

For more information on the SSI and SSDI benefits programs please go to:

<http://www.ssa.gov/pubs/EN-05-11069.pdf> and <http://www.ssa.gov/pubs/EN-05-10029.pdf>, respectively. We also suggest that MISSION staff review: <http://www.ssa.gov/pubs/EN-05-11015.pdf>, which presents a guide to SSI specifically designed for groups and organizations.

Please note that many states have transitional assistance programs that can provide emergency cash benefits to individuals in need while waiting for their SSI to be approved or denied. For example, in the Commonwealth of Massachusetts, Emergency Aid to the Elderly, Disabled, and Children (EAEDC) is a state funded transitional assistance program that provides this type of cash assistance to eligible individuals (<http://www.mass.gov/eohhs/gov/departments/dta/cash-assistance.html>).

## Medicaid and the Affordable Care Act

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The Affordable Care Act (ACA) was designed to expand access to affordable health care to all Americans, provide consumers with new rights and protections, improve the quality of health care, and lower health care costs.

Under the Affordable Care Act, as of January 1, 2014, each state had the choice to provide coverage to individuals who are experiencing homelessness. Many people who are homeless have complex health challenges that both contribute to, and are exacerbated by homelessness. Historically, individuals who were homeless had little access to health care because they were often unemployed, lacked health insurance through employers, and were living in poverty. As a result these individuals tended to rely on emergency room visits for their health needs, resulting in poorer health outcomes, greater mortality, and higher public cost.

The Affordable Care Act benefits people who are experiencing homelessness in three important ways:

1. health insurance is more accessible and affordable
2. coverage is broader, including preventative, wellness, and behavioral health
3. emphasis is upon the quality and health outcome of health care services, including the provision of health services for the needs of the “whole person” and delivery of services in partnerships with community-based organizations

It should be noted that the ACA is a United States federal statute enacted in 2010 and may be subject to change due to changes in the federal government leadership and administration. Therefore, CMs are encouraged to visit the U.S. Department of Health & Human Services’ health care website at: <https://www.hhs.gov/healthcare/> for up-to-date health care coverage information.

While Medicaid benefits may vary, there are ten benchmark benefits that are covered by all state programs: primary care appointments, diagnostic tests, hospital visits, surgical procedures as well as services that can be critical for homeless populations, such as behavioral health services, mental health and substance use treatment, prescription drugs, preventative and wellness services, and rehabilitative services. In some states, having Medicaid/Medicare coverage can also increase clients’ access to supportive services that can assist with securing and maintaining permanent housing.

Medicaid is the health insurance option for most individuals who are homeless, due to their typically very low incomes. The Affordable Care Act gave states the option of broadening coverage to all eligible people whose income was less than 133 percent of the Federal Poverty Level. Most adults are eligible if they earn less than \$15,282 annually for a single person and \$32,499 for a family of four. To find out if individuals qualify for Medicaid in their state go to:

<https://www.healthcare.gov/medicaid-chip/eligibility/>.

People who are homeless and residing in states that have opted not to participate in the expansion may still be eligible for Medicaid if they are senior citizens, parents, pregnant, or have a disability. MISSION CMs can continue to assist with applications for SSI or SSDI benefits, which as mentioned above usually confers Medicaid and Medicare eligibility, respectively.

MISSION staff should be aware that clients may be unfamiliar with Medicaid, know it by another name, or been denied coverage in the past. Staff should describe how Medicaid works and explain that many changes have been made in the program to expand eligibility. They should also explain that in most cases enrollment in Medicaid does not prevent them for staying with their current primary care provider or medical clinic.

Most clients who are destitute will qualify for free or subsidized health care plans under the ACA, nevertheless some of these individuals may resist either enrolling in a health care plan or obtaining needed health services. These individuals may be primarily focused upon finding food and shelter, and addressing their health may not be an immediate priority for them. They may simply feel that getting a safe place to live and food must come first. In such cases, MISSION CMs and PSSs should be respectful and sensitive to the client's preferences while providing education to them about their rights to health care and the process by which it can be accessed. MISSION staff are encouraged to use MI techniques previously discussed in this module to help build a trusting relationship with clients and to help them to become increasingly willing and empowered to move forward in addressing their health care needs.

To apply online for Medicaid and other health insurance plans go to:

<https://www.healthcare.gov/get-coverage/> or call 1-800-318-2596.

Those residing in Massachusetts can enroll in Medicaid/Medicare (MassHealth) and other health insurance plans by going to the following website: <https://www.mahealthconnector.org/>.

## Public Housing Assistance Programs

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The U.S. Department of Housing and Urban Development (HUD), in partnership with local government agencies called housing authorities (HA), provide several housing assistance programs for individuals and families who are having difficulty finding and maintaining affordable housing. The two most popular programs are the Public Housing Program and the Housing Choice Vouchers Program - also referred to as Section 8. Although the two programs share some elements, they provide assistance in different ways and have different eligibility rules.

### Public Housing Program

The Public Housing Program provides safe, decent, and affordable rental housing for eligible low-income families, the elderly, and persons with disabilities. The housing comes in all sizes and types, varying from scattered single-family homes to towering projects. These programs are administered through local HAs, which own, operate, and maintain the units. Eligibility is based on annual gross income; status as elderly, a person with a disability, or as a family; and U.S. citizenship or eligible immigration status. HAs use income limits as determined by HUD, which sets the lower income limits at 80% and the very low income limit at 50% of the median income for a given county or metropolitan area. The rent that clients will be required to pay is based on anticipated gross annual income less any deductions.

### Housing Choice Vouchers Program

In the Housing Choice Vouchers Program very low-income families are allowed to choose and

rent safe, decent, and affordable housing on the open housing market. Clients are issued a housing voucher and are responsible for finding suitable housing where the owner agrees to rent under the program. These privately owned residences may include apartments, condominiums, townhouses, trailers, duplexes, and single-family homes, and maybe the family's present residence. The Public Housing Authority (PHA) pays a housing subsidy directly to the landlord, and the client pays the difference between the actual rent and the subsidized portion. In some circumstances, the voucher may even be used to purchase a modest home. Eligibility for a housing voucher is determined by the PHA, is based on total annual gross income and family size, and is limited to those with U.S. citizenship or eligible immigration status. Typically, in order to be eligible, income may not exceed 50% of the median income for the county or metropolitan area chosen.

CMs assist clients who are applying for these programs by collaborating with the local housing agencies, and by helping clients to complete applications. CMs and PSSs also work with clients to locate housing units and accompany them on interviews with prospective landlords. Since the demand for housing assistance is often greater than the limited resources available to HUD and local housing agencies, clients should be made aware that there may be a long waiting period for these programs.

For more information on these and other public housing assistance programs, please go to: <http://portal.hud.gov/hudportal/HUD>.

## Supplemental Nutrition Assistance Program (SNAP)

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SNAP is a federal program that provides a way for low-income families and individuals to purchase healthy food that they could not otherwise afford. This program was previously known as the Food Stamps Program for many years, as stamps with a monetary value were given to clients to buy food. Food stamps have been replaced by Electronic Benefit Transfer (EBT) debit cards, resulting in the program's name change. In the EBT system, clients purchase food using an EBT card that functions like a debit card. EBT cards can be used in any state in the country at locations that are qualified to accept SNAP benefits.

Different states have different eligibility requirements and applications. To learn more about the SNAP program in your state, including information on eligibility requirements and how to apply go to: <http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap>.

## Cellphone Assistance Programs

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The U.S. government, in partnership with several cellphone companies, established the Lifeline Program to provide free phones and cellular service to low-income individuals and families. This collaboration was developed to ensure that every American has the opportunities and security that mobile phone services provides, such as the ability to connect to employers, family members, and emergency services. The Lifeline Program provides recipients with a free cellphone and up to 250 free minutes per month. To get information on eligibility, to locate a Lifeline provider in your state, and to apply online go to: [http://www.lifeline-phones.com/state\\_providers](http://www.lifeline-phones.com/state_providers).



# Benefits and Entitlements Available to Veterans

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MISSION clients who are Veterans may be eligible for a variety of VA benefits and entitlements. In this section, a summary of the benefits most commonly accessed by MISSION clients will be presented. As it is beyond the scope of this module the information provided here is not exhaustive, and there may be certain exceptions to the eligibility criteria that are included. If Veterans are uncertain about eligibility, the VA encourages them to apply to see if they qualify. For more detailed information please go to the Veterans Benefits Administration's website:

<http://benefits.va.gov/benefits/>. The website is an extremely valuable resource for MISSION staff and Veterans alike as it was designed to be a one-stop shop; providing comprehensive updated information on VA benefits and allowing individuals to apply for them directly online.

A brief summary of the following benefits will follow:

- Service-connected Disability Compensation
- Health Care
- Vocational Rehabilitation and Employment
- Education
- Housing Support
- Pension

## Veteran Service-Connected Disability Compensation

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Disability Compensation is a monthly tax-free benefit paid to Veterans. To receive this benefit Veterans must be at least 10% disabled due to injuries or diseases that were incurred or worsened by active military duty or active duty for training; or from injury, heart attack, or stroke that occurred during inactive duty training. Disability compensation is also paid for disabilities that arise after the completion of military service if they are considered by the VA to be related to past service or to be secondary to disabilities incurred during past service. A disability can apply to a physical condition, such as chronic back pain, as well as a mental health condition, such as post-traumatic stress disorder (PTSD). To receive disability compensation, the Veteran's separation or discharge from the military must not be under dishonorable conditions.

The actual dollar amount of the benefit is calibrated according to severity of the Veteran's disability. The degree of disability is rated on a scale from 10% to 100%, in 10% increments. The program is designed to compensate for loss of work time due to exacerbations or illnesses in accordance with the severity level of the Veteran's disability. If the Veteran has dependents, they may be entitled to an additional allowance.

When filing a claim, the Veteran must submit all relevant evidence in his or her possession and provide enough information to enable the VA to get all relevant evidence that he or she does not have available. The following documentation is necessary in order to file a claim:

- ✓ DD 214 form (discharge certificate or release form)
- ✓ Service Treatment Records, if possessed by the Veteran
- ✓ Medical Evidence (e.g., doctor and hospital records)

There are two types of claims that Veterans can use to apply for disability benefits:

### **Standard Claim**

In this type of claim the VA takes an active role in securing relevant documentation. The Veteran must identify relevant evidence (i.e., records held by doctors or hospitals; state or local governments; or employers) and authorize the VA to obtain them. The VA will obtain all records from Federal agencies and will make every reasonable attempt to get the records from non-Federal government sources. In the Standard Claim, the VA will provide a medical examination or get a medical opinion, if deemed necessary.

### **Fully Developed Claim**

This option was developed by the VA in order to expedite the claims process. In this claim, the Veteran must submit to the VA all required service treatment and personnel records at the same time that the claim is submitted, and must certify that he or she has no additional evidence. In this claim the VA will obtain only the service and Federal treatment records that the Veteran has identified.

There are several different options for filing an application for disability compensation.

#### *Options for Clients to File an Application for Disability Compensation*

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1. Log on to <http://www.ebenefits.va.gov/> to obtain an eBenefits account and file an electronic application,
2. Print and mail in VA form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*,
3. Call the VA at 1-800-827-1000 and request that the form is sent to the Veteran and/or his or her representative,
4. Obtain an accredited representative or agent at <http://www.va.gov/ogc/apps/accreditation/index.asp>, **or**
5. Go to a VA Regional Office and ask for the assistance of a VA employee.

The CM or PSS should talk with clients about the options for filing the application, and assist in the one they select.

The length of time it takes to receive a decision may vary as it may depend on several factors, such as the complexity of the disability, the number of disabilities claimed, and the availability of the evidence needed to decide on the claim. Currently, most claims are being processed within 6 months, but it can take longer for complex claims.

It is important to note that the VA provides some additional housing and insurance benefits programs for Veterans with disabilities, including Adapted Housing Grants, Service-Disabled Veteran's Insurance, and Veterans' Mortgage Life Insurance. For more information or to chat with a live agent about these benefits go to: <http://www.ebenefits.va.gov/>.

## Veteran Health Care

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The VA offers health care benefits to individuals who served in active military service and who were discharged or separated from service under other than dishonorable circumstances. Some Veterans are entitled to enhanced eligibility when applying. These are Veterans who:

- Were a Prisoner of War (POW)
- Received the Purple Heart Medal
- Received the Medal of Honor
- Have a VA service-connected disability of 10% or more
- Have a VA Pension

Like applying for VA Disability Compensation, there are several different ways to submit an application for VA Health Benefits. MISSION staff can inform clients of these options, which are listed below, and assist them in completing the application as needed.

### *Options for Clients to File an Application for Health Benefits*

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1. File VA Form 10-10EZ, *Application for Health Benefits* online. No signature is needed for online applications,
2. Go to the local VA health care facility and complete and sign VA Form 10-10EZ - Application for Health Benefits, **or**
3. Call 1-877-222-VETS(8387), Monday-Friday, 8am to 8pm EST to complete the application over the telephone with a VA representative. The application will be sent to the Veteran for him or her to review, sign, and return.

Veterans can obtain an appointment with a doctor when applying for health benefits by checking 'yes' to the question on the application asking "*if he or she would like to see a doctor.*" If a Veteran needs health care before his or her scheduled appointment, they can contact the Enrollment Coordinator, the Urgent Care Clinic, or the Emergency Room at the local VA.

After an application is successfully processed, each Veteran is assigned an enrollment Priority Group (in some cases, the Veteran is assigned more than one Priority Group and, in that case, the Veteran is placed in the highest Priority Group assigned). Once enrolled, the Veteran will receive a personalized Veterans Handbook, which describes his or her VA health benefits and how to access them. The same services are generally available to all Veterans, and once enrolled, the Veteran remains in the VA health care system. It is important to note that every VA Medical Center (VAMC) has a female Veterans' Program Manager who is responsible for advising and advocating for Women Veterans.

## Veteran Vocational Rehabilitation and Employment

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### *Veteran Vocational Rehabilitation and Employment Program (VR&E)*

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Veterans who have a service connected disability and an employment handicap may be eligible to receive vocational rehabilitation and employment services under Chapter 31 of the GI Bill.

The VAs' VR&E VetSuccess program offers disabled Veterans the counseling, training, education, and other services they need to prepare for, locate, and keep suitable jobs. If the Veteran is unable to return to work, the VR&E program offers services to help him/her prepare for independent living. Those who are eligible may participate in the VR&E program for up to 12 years from the date of their initial VA disability rating notification and are entitled to a maximum of 48 months of VR&E services.

Once enrolled in the VR&E program, the client is assigned to a vocational rehabilitation counselor (VRC). The VRC will assist in the development of a written rehabilitation plan. The plan will describe the individual's goals and the methods and resources that he or she will use to achieve them. The plan will be based on the client's strengths and limitations, factoring in previous education, training, work history, interest, skills, and personality traits.

There are five different tracks through which VR&E benefits can be received. Veterans work with their VCR to determine what track best matches their individual profile. The five tracks are:

1. Re-Employment
2. Rapid Access to Employment
3. Self-Employment
4. Employment Through Long-Term Services
5. Independent Living Services

The VR&E will help clients meet their employment or independent living goals through a variety of benefits and services.

#### *VR&E Benefits and Services*

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- Comprehensive rehabilitation evaluation to determine abilities, skills, interests, and needs
- Vocational counseling and rehabilitation planning
- Employment services such as job-seeking skills, resume building, and other work preparation assistance
- Assistance obtaining and maintaining a job, including the use of special employee incentives
- On-the-Job training, apprenticeships, and non-paid work experiences
- Financial assistance with college, vocational, technical, or business school
- Supportive rehabilitation services such as case management, counseling, and referral
- Independent living services for Veterans who cannot work because of the severity of their disability
- Financial assistance with travel costs and expenses for rehabilitation and employment-seeking
- Disability accommodations including assistive technology and workplace assistance

CMs and PSSs can help clients apply for VR&E benefits online through the **Veterans ONline APPLication** (VONAPP) system at: <https://vabenefits.vba.va.gov/vonapp/default.asp>.

Alternately, VA Form 28-1900, *Disabled Veterans Application for Vocational Rehabilitation*, can be printed out from the eBenefits website or sent in the mail by calling 1-800-827-1000.

#### *Veterans' Employment and Training Services (VETS)*

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VETS is a Department of Labor (DoL) program that, in partnership with other federal and state agencies, provides Veterans with the resources and expertise to assist and prepare them for

meaningful careers, maximizes their employment opportunities, and protects their legal rights. Veterans who served in active military duty and who were discharged or separated from service under other than dishonorable circumstances are eligible for VETS.

VETS provides services through four major programs. These programs are listed below followed by a brief summary of each program.

- Jobs for Veterans State Grants (JVSG)
- Transitional Goals Plans Success (Transition GPS)
- Homeless Veterans' Reintegration Program (HVRP)
- Uniformed Services Employment and Reemployment Rights Act (USERRA)

**Jobs for Veterans State Grants (JVSG)** is a program that provides states with grants and then works with them to offer non-competitive employment and training services to Veterans through two major programs- the Disabled Veterans Outreach Program (DVOP) and the Local Veterans Employment Representative (LVER) program. DVOP and LVER staff provide and facilitate direct services to help Veterans secure and maintain employment. While services are available to all eligible Veterans, efforts are focused upon Veterans who are most in need of intensive employment and training assistance, such as those who are economically or educationally disadvantaged, homeless, or facing other barriers to employment. DVOP and LVER staffs also reach out to potential employers in order to encourage the hiring of Veterans.

**Transitional Goals Plans Success (Transition GPS)** is the main program for helping Veterans with their transition from the military to civilian life. It is delivered in partnership through the Department of Defense (DoD), the Department of Labor Veterans' Employment & Training Service (DoL-VETS), the Department of Homeland Security (DHS), and the VA. Transition GPS includes core curriculum and specific modules on education, career technical training, and starting your own business which are delivered in a classroom setting as well as online.

**Homeless Veterans' Reintegration Program (HVRP)** is grant program that provides funds to nonprofits and public agencies for a variety of case management services to help homeless Veterans, including linkage to support services in local communities. A recent advancement has been that HVRP funded programs are hiring formerly homeless Veterans for positions involving direct work with HVRP program clients; including counseling, peer support, intake, and follow-up.

**Uniformed Services Employment and Reemployment Rights Act (USERRA)** guarantees employees returning from military service or training, the right to be reemployed at their former jobs or if not possible, a similar job, with the same benefits. USERRA applies to all employers.

There are several programs that can also assist Veterans with their employment needs, such as Hiring our Heroes and Job Corps. For more information on these and other programs CMs and PSSs are referred to the following websites:

- <http://www.careeronestop.org/ReEmployment/Veterans/disabled-veterans.aspx>
- <https://www.careeronestop.org/site/american-job-center.aspx>

- <https://static1.squarespace.com/static/57a884706a4963e38677049a/t/57a9f2e5cd0f6802d262541c/1479140072100/M-VET-Trtmt.-Man.-Web-8.13.pdf>

## Veteran Education

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The Post-9/11 GI Bill is an educational benefit that is available to Veterans. In order to be eligible the individual must have served a total of at least 90 days on active duty after September 10, 2001, or was honorably discharged from active duty for a service-connected disability after serving 30 continuous days after September 10, 2001. Veterans are eligible for benefits for 15 years from their last period of active duty.

Post-9/11 GI Bill benefits can be used at colleges, universities, trade schools, as well as for on-the-job training and apprenticeships, and can be applied toward tuition and fees; books and supplies; housing; tutorial assistance; licensing; and certification tests. In general, Veterans may receive up to 36 months of entitlement under the Post-9/11 GI Bill.

For additional information on the Post-9/11 GI Bill, or to help clients apply for educational benefits go to: <http://www.benefits.va.gov/gibill/>.

## Veteran Housing Support

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### *The Department of Housing and Urban Development and Veterans Affairs Supportive Housing (HUD-VASH)*

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The HUD-VASH program is a collaborative effort between the Department of Housing and Urban Development (HUD) and the VA to provide housing and supportive services to the most vulnerable Veterans experiencing homelessness. HUD-VASH clients receive a rental subsidy administered by the local Public Housing Agency (PHA) through the Housing Choice Voucher (HCV) program, and case management and clinical services provided through the VA Medical Center (VAMC).

In order to be eligible for the HUD-VASH program Veterans must meet the following criteria:

- ✓ be eligible for VA health care services,
- ✓ meet the definition of homelessness according to the McKinney-Vento Act,
- ✓ require case management support services to obtain and sustain permanent housing,
- ✓ be able to complete the daily activities required of independent living, and
- ✓ there is **not** a set period of sobriety requirement

To access the HUD-VASH program, the MISSION CM should contact the local PHA to determine the current availability of housing choice vouchers. If vouchers are available, the CM should schedule an appointment for the client with the local PHA, and the CM or PSS should accompany the client to the appointment. If no vouchers are available the CM should request that the client is placed on the waiting list. Additional information regarding HUD-VASH can be found at: <http://www.va.gov/HOMELESS/HUD-VASH.asp>.

### *Supportive Housing for Veterans and Families (SSVF)*

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The SSVF program awards grants to non-profit organizations and consumer cooperatives to

provide services to very low-income Veterans' families. Services are provided to those families at imminent risk for homelessness due to a housing crisis, and include outreach, case management, assistance in obtaining and coordinating VA and other public benefits, and time-limited payments to third parties (e.g., landlords, utility and moving companies, and licensed child care providers) in circumstance where these funds will allow the Veterans' families to stay in or acquire permanent housing on a sustainable basis.

To obtain further information on the SSVF program call 1-877-424-3838 (4AIDVET) or click on FY 2017 SSVF Providers at:

[http://www.va.gov/homeless/ssvf/index.asp?page=/home/general\\_program\\_info\\_regs](http://www.va.gov/homeless/ssvf/index.asp?page=/home/general_program_info_regs).

Additional information on existing homeless programs and resources can be found at:

<https://static1.squarespace.com/static/57a884706a4963e38677049a/t/57a9f2e5cd0f6802d262541c/1479140072100/M-VET-Trtmt.-Man.-Web-8.13.pdf>.

## Veteran Pension

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The VA's pension program provides a tax-free monetary benefit payable to low-income, wartime Veterans. In order to qualify, a Veteran must have served at least 90 days of active military duty, at least one day of which occurred during wartime. Veterans who entered active duty after September 7, 1980 must have served at least 24 months or the full period for which you were called or ordered to active duty, with at least one day during wartime. Additionally the Veteran must be:

- ✓ Age 65 or older, **or**
- ✓ Totally and permanently disabled, **or**
- ✓ Receiving skilled nursing care in a nursing home, **or**
- ✓ Receiving Social Security Disability Insurance, **or**
- ✓ Receiving Supplemental Security Income

To apply to the Veterans Pension program, download and complete VA Form 21-527EZ, *Application for Pension*. The completed application should either be mailed or brought to be local regional benefit office for processing.

## APPENDIX A: MISSION Case Vignette

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“James”, a guarded and downcast middle-aged man, was living in a shelter when he enrolled in MISSION. He had previously been residing in his own apartment, but was evicted following an angry altercation with his landlord. After meeting with James to talk about his service needs, preferences, barriers, and strengths, the CM arranged another meeting with him to talk about his eligibility for VA benefits and entitlements. James, a Veteran who sustained a back injury during his service, was initially insisted that he wanted nothing to do with the VA. He recalled that when he tried to get VA benefits in the past, he was made to be “caught up in the red tape.” He never finished the applications due to all the documentation that was required, and because it was “eating up too much of his time.” The CM explained to James that the VA has simplified that application process, which can now be completed online. The CM offered to pull up the new VA e-benefits web page on his computer so that he and James could look at it together and explore VA benefits such as disability compensation, health care, housing support, and vocational rehabilitation, but James declined. The CM gave James a brief pamphlet summarizing VA benefits and the new application process. James said he would look it over, but doubted that he would apply. The CM explained to James that it was his choice whether to apply or not, and reassured James that he will continue to work with him to address his other needs. The CM recognized that having frequent contact with James may help him to feel more trusting and confident in the application process and scheduled an appointment for the following week.

When James came in for his next appointment he appeared to be very cranky and irritable. He told his CM that he had just yelled at a man in the elevator who had accidentally bumped into him. When discussing the incident, James disclosed that his back pain was acting up, and that he frequently gets angry with others during these flare-ups. James spontaneously shared that his back pain was the worst it had ever been the day he threatened to harm his landlord, and to deal with the pain that day he drank 9 beers in an hour and a half. The CM saw an important opportunity to discuss how VA health insurance could help James access medical treatment, such as doctor visits, physical therapy, and medication that would help him more effectively manage his pain. The CM explored with James the possibility that having his pain under control would lessen the likelihood that he would rely on alcohol and decrease the chances that he would lash out at others; making it more likely that he could successfully create and sustain the kind of life that he wanted, such as keeping his own apartment and possibly becoming employed. The CM also guided James in exploring whether there was a connection between his back pain and his low mood. James asked the CM to show him the VA health care program on the VA website and, after seeing it, he agreed to log on and apply while the CM sat with him. James indicated that if he had a positive experience with obtaining VA health care benefits, he would consider applying for other VA benefit programs as well. At the end of the session, the CM complimented James on his very reasonable approach to moving forward.

The CM was aware of the importance of not overwhelming clients with too much information and of “meeting clients where they are” in the process. Therefore, he scheduled frequent contacts with James, matching the pace that he provided additional information to James about benefits to where James was at. As a result, James’ trust in his CM increased and he became more and more open to



talking about his problematic drinking habits and his depression. He is currently entertaining the possibility of having his PSS accompany him to an AA meeting. The CM remains optimistic that with ongoing support, James will also seek treatment for his depression, and secure satisfactory housing and employment.

## APPENDIX B: Module Resources

URL Address	Description
<a href="http://www.missionmodel.org">www.missionmodel.org</a>	MISSION Model website
<a href="http://www.motivationalinterviewing.org">http://www.motivationalinterviewing.org</a>	Motivational Interviewing website
<a href="https://secure.ssa.gov/iClaim/dib">https://secure.ssa.gov/iClaim/dib</a>	Social Security Administration site to apply online for disability benefits
<a href="https://soarworks.prainc.com/content/what-soar">https://soarworks.prainc.com/content/what-soar</a>	SSI/SSDI Outreach, Access, and Recovery (SOAR) website
<a href="http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training">http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training</a>	SOAR site for online training
<a href="http://www.ssa.gov/pubs/EN-05-11069.pdf">http://www.ssa.gov/pubs/EN-05-11069.pdf</a>	Brief PDF on Supplemental Security Income (SSI)
<a href="http://www.ssa.gov/pubs/EN-05-10029.pdf">http://www.ssa.gov/pubs/EN-05-10029.pdf</a>	Brief PDF on Disability benefits
<a href="http://www.ssa.gov/pubs/EN-05-11015.pdf">http://www.ssa.gov/pubs/EN-05-11015.pdf</a>	Brief PDF on obtaining Supplemental Security Income (SSI) for Groups/Organizations
<a href="http://www.mass.gov/eohhs/gov/departments/dta/cash-assistance.html">http://www.mass.gov/eohhs/gov/departments/dta/cash-assistance.html</a>	Massachusetts site for cash assistance programs
<a href="https://www.hhs.gov/">https://www.hhs.gov/</a>	Department of Health and Human Services website
<a href="https://www.hhs.gov/healthcare/">https://www.hhs.gov/healthcare/</a>	Department of Health and Human Services Healthcare webpage
<a href="https://www.healthcare.gov/medicaid-chip/eligibility/">https://www.healthcare.gov/medicaid-chip/eligibility/</a>	Webpage to check Medicaid or CHIP eligibility by client's state
<a href="https://www.healthcare.gov/get-coverage/">https://www.healthcare.gov/get-coverage/</a>	Healthcare webpage where you and your client can apply for coverage
<a href="https://www.mahealthconnector.org/">https://www.mahealthconnector.org/</a>	MassHealth website
<a href="https://portal.hud.gov/hudportal/HUD">https://portal.hud.gov/hudportal/HUD</a>	Housing and Urban Development homepage
<a href="https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap">https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap</a>	Supplemental Nutrition Assistance Program (SNAP) webpage

<a href="http://www.lifeline-phones.com/state_providers">http://www.lifeline-phones.com/state_providers</a>	Lifeline program providers by state webpage
<a href="http://benefits.va.gov/benefits/">http://benefits.va.gov/benefits/</a>	Veterans Affairs Benefits webpage
<a href="http://www.ebenefits.va.gov/">http://www.ebenefits.va.gov/</a>	Veterans Affairs eBenefits webpage where Veterans can apply for and manage benefits
<a href="http://www.va.gov/ogc/apps/accreditation/index.asp">http://www.va.gov/ogc/apps/accreditation/index.asp</a>	Veterans Affairs webpage for accreditation search for accredited attorneys, claims agents, or Veterans Service Organizations (VSO) Representatives
<a href="https://vabenefits.vba.va.gov/vonapp/default.asp">https://vabenefits.vba.va.gov/vonapp/default.asp</a>	Veterans Vocational Rehabilitation and Education Program (VR&E) application webpage
<a href="https://www.careeronestop.org/Veterans/BenefitsAndAssistance/for-disabled-veterans.aspx?&amp;frd=true">https://www.careeronestop.org/Veterans/BenefitsAndAssistance/for-disabled-veterans.aspx?&amp;frd=true</a>	Career One Stop benefits and assistance for disabled Veterans webpage
<a href="https://www.careeronestop.org/site/american-job-center.aspx">https://www.careeronestop.org/site/american-job-center.aspx</a>	Career One Stop Job Seekers webpage
<a href="https://static1.squarespace.com/static/57a884706a4963e38677049a/t/57a9f2e5cd0f6802d262541c/147914072100/M-VET-Trtmt.-Man.-Web-8.13.pdf">https://static1.squarespace.com/static/57a884706a4963e38677049a/t/57a9f2e5cd0f6802d262541c/147914072100/M-VET-Trtmt.-Man.-Web-8.13.pdf</a>	Link to the MISSION-Vet Treatment Manual PDF
<a href="http://www.benefits.va.gov/gibill/">http://www.benefits.va.gov/gibill/</a>	Veterans Affairs Education and Training webpage
<a href="http://www.va.gov/HOMELESS/HUD-VASH.asp">http://www.va.gov/HOMELESS/HUD-VASH.asp</a>	Housing and Urban Development Veterans Affairs Supportive Housing Program (HUD-VASH) webpage
<a href="http://www.va.gov/homeless/ssvf/index.asp?page=/home/general_program_info_regs">http://www.va.gov/homeless/ssvf/index.asp?page=/home/general_program_info_regs</a>	VA Supportive Housing for Veterans and Families Program Information webpage

Phone Number	Department	Hours to Reach a Representative
1-800-772-1213	Social Security Administration	7 a.m.- 7 p.m. EST Monday-Friday
1-800-318-2596	Medicaid	24/7
1-800-827-1000	VA Benefits	8 a.m.- 9 p.m. EST Monday-Friday
877-222-VETS (8387)	VA Health Benefits Enrollment	8 a.m.- 8 p.m. EST Monday-Friday
877-4AID VET (424-3838)	VA National Call Center for Homeless Veterans	24/7

## APPENDIX C: Acronyms

Acronym	Phrase
ACA	Affordable Care Act
CM	Case Manager
COD	Co-occurring disorder
DDS	Disability Determination Services
DHS	Department of Homeland Security
DoD	Department of Defense
DoL	Department of Labor
DVOP	Disabled Veterans Outreach Program
EAEDC	Emergency Aid to the Elderly, Disabled, and Children
EBT	Electronic Benefit Transfer
FICA	Federal Insurance Contributions Act
GAINS	Gather, Assess, Integrate, Network, and Stimulate
HA	Housing Authority
HCV	Housing Choice Voucher
HUD	Housing and Urban Development
HUD-VASH	Housing and Urban Development – Veterans Affairs Supported Housing
HVRP	Homeless Veterans' Reintegration Program
JVSG	Jobs for Veterans State Grants program
LVER	Local Veterans Employment Representative program
MI	Motivational Interviewing
MISSION	Maintaining Independence and Sobriety through Systems Integration and Networking
PHA	Public Housing Agency
POW	Prisoner of War
PSS	Peer Support Specialist
PTSD	Post-traumatic Stress Disorder
SAMHSA	Substance Abuse and Mental Health Service Administration
SNAP	Supplemental Nutrition Assistance Program
SOAR	SSI/SSDI Outreach, Access, and Recovery
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Social Security
SSVF	Supportive Services for Veteran Families
USERRA	Uniformed Services Employment and Reemployment Rights Act
VA	Veterans Affairs
VAMC	Veterans Affairs Medical Center
VETS	Veterans' Employment and Training Service
VONAPP	Veterans On-line Application
VR&E	Vocational Rehabilitation and Employment
VRC	Vocational Rehabilitation Counselor
VSO	Veterans Service Organizations

## APPENDIX D: Glossary

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**Affordable Care Act-** Legislative two part Act that was put in place to expand coverage, hold insurance companies accountable, lower health care costs, guarantee more choice, and enhance the quality of care for all Americans. For more details on the Act please visit <https://www.medicaid.gov/affordable-care-act> or <https://www.healthcare.gov/glossary/affordable-care-act/>.

**Chapter 31 of the GI Bill-** A program provided by VA Vocational Rehabilitation and Employment Services, that assists Veterans with service-connected disabilities, find and maintain employment. For more facts about the GI Bill or information on applying for benefits visit <http://www.benefits.va.gov/benefits/factsheets/serviceconnected/ch31factsheet.pdf>.

**Claim-** A request for a payment, or an individual's right to something, this case in the form of disability benefits.

**Community integration-** Working with individuals to comfortably introduce, or reintroduce, them into the community, or communities, of their choice.

**Co-occurring disorders (COD)-** Persons with co-occurring substance use and mental health disorders.

**Disability Determination Service (DDS)-** State agencies responsible for acquiring evidence to make an initial determination if a claimant is disabled or blind under law. Information regarding benefits for individuals with disabilities can be found at <https://www.ssa.gov/disability/index.htm>.

**Empathy-** The ability to understand another's feelings from their point of view or by placing yourself in their shoes.

**Federal poverty level (FPL)-** A measure of income, updated annually, that determines individuals and families eligibility for specific aid, such as housing or Medicaid. The poverty guidelines for 2017 can be found at <https://aspe.hhs.gov/poverty-guidelines>.

**Harm Reduction Theory-** An approach which uses practical strategies and ideas to reduce the negative consequences associated with risky behaviors. Some examples are needle exchanges, methadone or SUBOXONE programs, and condoms/dental dam availability. Organizations that institute this theory do not demand full abstinence, but rather meet people where they are at with the goal of reducing harm. You can find more information at <http://harmreduction.org/about-us/principles-of-harm-reduction/>

**Housing First-** A human services approach that provides homeless individuals with housing first and then addresses underlying issues. This is in contrast to other programs where individuals have to

address issues and take other steps before getting housing. Housing First is guided by the premise that housing is a basic human right.

**“lessons learned”**- Results from previous research that should be used in future research.

**Medicaid**- State and federal program that provides health care coverage if you have a very low income. For more information on Medicaid visit <https://www.medicaid.gov/>.

**Medicare**- A federal program that provides health care coverage if you are 65 or older or have a severe disability, no matter your income. For more information on Medicare, visit <https://www.medicare.gov/> or <https://www.medicareinteractive.org/get-answers/introduction-to-medicare/explaining-medicare/what-is-medicare>.

**MISSION (Maintaining Independence and Sobriety through Systems Integration, Outreach and Networking)**- A wraparound service intervention designed to meet the needs of those experiencing homelessness and co-occurring disorders.

**Motivational Interviewing (MI)**- A goal-oriented, client-centered approach that utilizes the Stages of Change Theory to help clients explore their ambivalence by strategically using skills such as asking open-ended questions, active listening, and reflecting. There is more information at <http://motivationalinterviewing.org/>

**Pension**- A sum of money that is paid by the employer during an employee’s years of working, that is then used to pay the individual after he/she retires.

**Post 9/11 GI Bill**- VA program that provides educational benefits to individuals who served on active duty post 9/11. For more details regarding eligibility and benefits please visit [http://www.benefits.va.gov/gibill/post911\\_gibill.asp](http://www.benefits.va.gov/gibill/post911_gibill.asp).

**Public Housing Assistance**- Housing assistance for individuals with low income, elderly, or individuals with a disability.

**Resistance**- An individual’s refusal to agree or comply.

**Risk/Needs Assessment**- A tool used to assess an individual’s risk of recidivism and in turn determine what amount of treatment and level of intensity is needed for the individual. For example, an individual who is at “high risk” would need the most intensive services such as inpatient treatment.

**SAMHSA (Substance Abuse and Mental Health Services Administration)**- The agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance use and mental health on America's communities.

**SSI/SSDI Outreach, Access, and Recovery (SOAR)**- Program aimed at increasing access to SSI/SSDI for eligible adults. For more information about the program and offered trainings visit <https://soarworks.prainc.com/>.

**Supplemental Security Income (SSI)**- Needs-based program available to individuals who have less than \$2,000 in resources, or less than \$3,000 for a couple; are making less than the Substantial Gainful Activity limits set annually by Social Security Administration (SSA); and are disabled according to the SSA regulations.

**Social Security Disability Insurance (SSDI)**- An insurance-based program for persons who have worked in the past and had Federal Insurance Contribution Act (FICA) contributions taken from their paychecks.

**Trauma-Informed Approach**- A model that maintains that providers should presume going in to every relationship that there may have been some form of trauma (e.g., use, neglect, loss, etc.) in the person's life and then act accordingly when meeting with them. Some examples are letting the person choose where to sit, leaving the door open during meetings, not coming up behind someone, not hugging, and not touching without permission. You can find more information at <http://www.samhsa.gov/nctic>